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## BIB DATA SHEET

CONFIRMATION NO. 7416

<b>SERIAL NUMBER</b> 10/820,198	<b>FILING or 371(c) DATE</b> 04/06/2004 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3691	<b>ATTORNEY DOCKET NO.</b> 27811-002 UTIL		
<b>APPLICANTS</b> Ralph Mitchell, Braintree, MA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/502,350 09/12/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/18/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ABHISHEK VYAS/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance AV Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND POPEO, P.C ONE FINANCIAL CENTER BOSTON, MA 02111 UNITED STATES						
<b>TITLE</b> Mobilization income protection plan						
<b>FILING FEE RECEIVED</b> 681	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			